

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

SLP Support Personnel Renewal

Your SLP Support Personnel license in the state of Indiana expires on 12/31/2016. To renew, please print and complete this form in its entirety and submit it with the renewal fee of \$25 to the office address shown above. If it postmarked after 12/31/2016 you must include a \$50 late fee. If you answer 'Yes' to any question below please send a detailed explanation with this form.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|--|---------------------------|-------------------------------|---------------------|
| Licensee Name | License Number | Expiration Date 12/31/2016 | Renewal Fee \$25 |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| QUESTIONS | | | |
| 1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending? | | | YES NO |
| 2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? | | | YES NO |
| 3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? | | | YES NO |
| 4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action? | | | YES NO |
| 5. Since you last renewed have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations? | | | YES NO |
| LICENSEE AFFIRMATION | | | |
| By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct. | | | |
| Signature of Licensee | | Date (month, day, year) | |
| Signature of Supervisor* | Supervisor License Number | Date (month, day, year) | |

***Any additional supervisors should provide their signature, license number, and date on the back of this form.**

Visit us on the web at www.pla.in.gov. If you have any questions for the Speech-Language Pathology Audiology Board please email pla4@pla.in.gov or call 317-234-2067.

| FOR OFFICE USE ONLY | | |
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| Renewal Fee | Receipt No. | Date |